Executive Summary

EXECUTIVE SUMMARY

California and the nation now face an oral disease situation that is of a crisis nature. The situation has developed over several decades and involves a complex set of problems, institutions, attitudes and financing arrangements. For millions across California, access to oral health care services is severely compromised. In part, this crisis is driven by the inability of the current arrangements for oral health to care for all of the needs of Californians. This results in unacceptable levels of oral diseases, particularly in the most vulnerable populations: children, elders, non-white racial and ethnic communities, and the economically disadvantaged. This places extreme pressure on limited public health resources, leaving them with little ability to respond much beyond meeting the acute care needs of these populations. The solution to these complex issues lies in a more effective use of private and public sectors resources organized and deployed using evidenced-based approaches to oral care and service.

The California Dental Access Project (CDAP) was developed to review and analyze the complex issues that must be considered and addressed to improve access to oral health services for underserved populations in California. Recommendations are framed as action steps to:

- foster partnerships and collaborative efforts,
- use resources more efficiently, and
- institute evidence-based models.

With funding from the California HealthCare Foundation, the CDAP was conducted by the University of California, San Francisco (UCSF), Center for the Health Professions, with assistance from a 13 member advisory committee. This report provides an introduction to the oral health issues facing California framed by five basic principles.

1. **There exists a shared responsibility for California's oral health**
2. **Oral health is an essential component of overall health**
3. **Access to dental care is essential for good oral health but not its sole determinant**
4. **There should be standards for all oral health services**
5. **There are standards for all health professionals**

Lacking a comprehensive system of oral health care, California fails to protect the oral health of many of its residents, particularly the most vulnerable. To respond to this need will require integrated action from professional associations, educational systems, and government programs.

The current arrangements for *oral health care* create many of the barriers to access. Key among these are the following realities:

- Private practices are oriented to serve a population that is capable of paying for service, committed to the idea of preventive oral health and culturally similar with the population served.
- The number of Californians without dental insurance is two to three times the number without medical insurance. Even those with public insurance are many times unable to access dental care due to the lack of providers participating in publicly funded programs.
- Enrollment and utilization of eligible benefits is an ongoing problem, despite a variety of public programs aimed at making dental care available.
- Funding for many of these programs is categorical or not sustainable, making it difficult to provide continuous, quality care for the underserved

Education of the dental workforce not only provides the technical skills needed for quality care, but also shapes the way these professionals practice, where they locate, and what orientation they have towards treating the underserved. For example:

- Dental education focuses on service delivery to individuals whereas most of the solutions for the underserved lie in population based strategies.
- The racial and ethnic diversity of dental professionals is not consistent with that of the population, restricting access to care for millions of the state's culturally diverse residents.
- Dentists graduating with high levels of debt are unlikely to work for safety net programs that typically pay less and treat more challenging patients.

The *macro issues* integral to improving the oral health of California's communities include; how the current system functions, (financing, workforce issues, services available, public health interactions) who is in need of care, and who should be the partners and leaders. This report addresses these issues and suggests a framework for action. The report finds that:

- Primary health care represents a major underutilized resources for the provision of dental services for underserved populations
- Oral health programs must compete with more pressing interests (prevention and treatment of life-threatening diseases) for funding.
- California's population consists of significant numbers of the disenfranchised: the poor, children, immigrants, elderly, non-white racial and ethnic communities.
- Significant financial, physical, attitudinal and process barriers to dental care exist. Programs that have successfully overcome these barriers are in part characterized by collaborative efforts between many different institutions.

Innovative alternatives exist to the traditional private practice system and dental safety net systems. The report explores several case studies of efforts to address specific barriers to care, what populations are served, how effective previous approaches have been, and what additional barriers might be addressed through program expansion. Creative new models exist for expanding prevention activities and dental treatment, but are not widely used.

- Using evidence to design private and public practices of dentistry is now being recognized as one of the keys to more effective use of scarce resources to increase access and improve management of the population's oral health. This report concludes that evidence-based dentistry is not a concept that is widely known or accepted in the dental community.
- Dissemination of new findings and technology are hindered by the relatively independent and isolated status of the dental profession from other health professionals. This isolation is reinforced during the dental education process, which involves only limited interaction with other health care professionals.

The integration of evidence-based care, interdisciplinary and collaborative strategies, consumer education and awareness, and provider accountability are approaches which show promise for increasing access and improving the quality of oral health care in California.

An extensive review of existing literature, a survey of over 100 "safety net" dental programs both in California and across the country and assessment by the advisory committee led to the following conclusions.

1. The epidemic of oral disease that is being reported in California is caused in large part by lack of preventive oral health care for underserved populations. Oral disease is further exacerbated, and many times goes untreated, because these populations cannot access dental care. There are few private practitioners who will treat underserved populations, and safety net programs are not capable of filling all the gaps.

2. Disparities in oral health status and significant barriers in access to dental care are problems faced all across the nation, but are particularly challenging for California policymakers for the following reasons.

- growing and diverse population, including a high level of immigration into the state
- significant urban/rural differences and competing priorities
- income disparities

3. Scientific research has shown that poor oral health can contribute to other health problems, with long-lasting effects. Research has also shown us that dental caries (cavities), the most common childhood disease, is almost entirely preventable. Fundamental shifts in the entire system are necessary to impact this epidemic.

To address these challenges the study recommends the following roadmap for action.

- Responsibility for improving oral health care must be shared. No single agency, profession, or program can address the complex issues that compromise oral health. **Community and institutional partnerships** will be necessary to improve oral

health. There must be a unified direction and cohesive action across the institutions involved.

- **Leadership** in oral health promotion is a crucial catalyst for facilitating change.
- **Targeted funding increases,** both public and private, are necessary if any meaningful changes are to occur in the provision of preventive oral health services and oral health care.
- Oral health care needs **evidence based demonstration models** in delivery settings.
- **Information technology** can be used to revolutionize the processes of professional and community education, care delivery, and health monitoring and tracking, but awaits implementation.
- Significant opportunities exist for expanding existing health and welfare resources. **Integrating dental services into primary health care** delivery is essential if services are to be made available for underserved populations.
- **Dental workforce shortages** must be addressed with creative new solutions. Inter-professional disputes and turf wars over scope of practice must be replaced with collaborative efforts to address the oral health needs of California's residents.
- **Evaluation** of efforts is key to providing future direction for new education models, care delivery models, and programmatic efforts.

RECOMMENDATIONS

There is no dearth of recommendations on how to fix the system; the problems seem to occur in implementing the suggested changes. Many of them require significant shifts in priorities and basic functioning of major institutions--no small task! After reviewing a decade of recommendations for reform, this report suggests two strategies for California. The following recommendations propose a major shift in how resources are allocated to oral health activities, giving high priority to low-cost preventive activities and safety-net programs to address existing disease levels. The general strategy entails:

- Expand activities, both preventive and treatment oriented, using the best available evidence
- Move the focus upstream to prevention-oriented activities
- Evaluate outcomes of different strategies to direct future efforts. Include cost benefit analysis and monitoring of health status to judge long-term trends.

RECOMMENDATION I: PREVENTION

OBJECTIVE

Increase the percentage of California residents, particularly children and underserved populations, receiving preventive oral health services.

LONG TERM STRATEGY

Increase preventive oral health activities through expanded contact points with populations at risk for disease, primarily through outreach and integration of oral health services with other social and health services. Prevention activities exist at three levels:

a. Community-based prevention activities (e.g., education, outreach, fluoridation)
b. Clinical primary prevention activities (e.g., sealants, prophylaxis, fluoride varnishes)
c. Clinical secondary prevention activities (e.g., restorations)

Each level must be accessible and targeted at those who need it the most.

ACTION STEPS

CONSUMER

- Expand the number of outreach programs to underserved groups to educate them on oral health basics and provide preventive care
- Expand the availability and third party coverage of preventive services in schools or other locations

PROVIDER

- Develop a core preventive oral health curriculum for all health professionals including competencies in infant oral care, management of high risk children, oral health assessments by primary care providers and interprofessional coordination. This should be taught both in mini-residencies and traditional health educational settings
- Initiate cross training for health professionals, such as pediatric residents and dental students, so they can learn together
- Encourage dentists and other oral health professionals to participate in community-based health programs and local collaborations for oral health

- Expand dental coverage to reimburse a variety of health professionals (not just dentists) for providing preventive services. Provide incentives for preventive care delivery by these professionals (reimbursement, funding , CE courses etc.)
- Train social workers, public health nurses, and other professional outreach staff to screen and recognize oral diseases
- Increase the number and scope of education programs for dental hygienists and assistants
- Make every possible effort to integrate oral health as a component of primary health care. This includes education, assessment and reimbursement, for both students and practitioners

SYSTEM

- Support community water fluoridation
- Experiment with new and innovative care models using dental hygienists, assistants and other health professionals
- Provide case management for enrollees in public dental programs
- Develop protocols for preventive oral health services
- Expand school based oral health care delivery systems

RECOMMENDATION II: TREATMENT

OBJECTIVE

Reduce the level of untreated dental decay and periodontal disease in underserved populations in the State.

LONG TERM STRATEGY

Increase the number of completed "episodes of care" by increasing access to quality, affordable, dental treatment. An episode of care would be considered the sequence of dental visits needed to complete a treatment plan and restore oral health. Increase access to care through expansion of dental safety net programs. Improve the effectiveness of the

dental delivery system by increasing the continuity, productivity and use of evidence-based treatment.

ACTION STEPS

CONSUMER

- Increase efforts to enroll eligible individuals and families in the existing public dental benefit programs and help them find and utilize a dental "home" as soon as they are enrolled.
- Expand and promote dental insurance to have parity with medical; all children under 18 should be covered.
- Advocate for Healthy Families dental only coverage, plus coverage for parents of Healthy Families children.

PROVIDER

- Implement the following changes in Medicaid and Healthy Families to encourage provider participation.
  - Tax credits or enhanced reimbursement for certain levels of participation
  - Increase in reimbursement rates (this is a necessary but not sufficient strategy)
  - Reduction of administrative burden
  - Enhance case management and enabling services for enrollees compliance
- Develop incentive programs to increase oral health resources in low-income communities through such strategies as service-learning sites, loan repayment and low-interest loans for infrastructure.
- Increase the racial and ethnic diversity of dental professionals through recruitment, retention, and mentor programs for these groups.
- Refine and simplify the dental HPSA designation process and increase availability of dental placements in these areas.
- Revise dental curricula to increase the focus on community health and evidence-based model of care delivery, focusing on outcomes, cultural competency, efficiency and accountability.

SYSTEM

- Create a more flexible licensure policy to facilitate increased mobility of dentists to the state. This should including licensure by credential and reciprocity with other states.
- Develop case management systems for at-risk populations to ensure they complete every episode of care. This should entail such innovations as using community health workers.
- Prioritize community and individual needs through state and local risk assessment. This will help target funding and programmatic efforts.
- Increase the number of dental clinics, safety net programs, and oral health professionals that serve high-risk, underserved communities. Only a small percent of California's community clinics offer dental services. This system represents a significant portion of the safety net providers in the state. Expand existing infrastructure and support programs.